

## 6-WEEK TRAINING PROGRAMS

Our six week programs are designed to teach and reinforce the fundamental skills that will lead to results on the field. Private, semi-private, and group lessons available in the following two options.

- Base Program: Players select hitting, pitching, catching, or infield instruction. and will focus on that skill for the entire six week session.
- Pick 2 Program: Players select any two skills and have a lesson in each skill each week for the entire six week session

### PRIVATE LESSONS

- 1:1 player to instructor ratio
- 1/2 hour session each week

#### BASE PROGRAM PRICING

- \$240

#### PICK 2 PROGRAM PRICING

- 1 hour of instruction each week, 1/2 hour each skill
- \$240 for first skill, additional \$200 for second skill
- \$440 Total

### SEMI-PRIVATE LESSONS

- 2:1 player to instructor ratio
- 1/2 hour session each week

#### BASE PROGRAM PRICING

- \$160 per player

#### PICK 2 PROGRAM PRICING

- 1 hour of instruction each week, 1/2 hour each skill
- \$160 per player for first skill, additional \$140 per player for second skill
- \$300 Total per player

### GROUP LESSONS

- 4:1 player to instructor ratio
- 1 hour session each week

#### BASE PROGRAM PRICING

- \$175 per player

#### PICK 2 PROGRAM PRICING

- 2 hours of instruction each week, 1 hour each skill
- \$175 per player for first skill, additional \$150 per player for second skill
- \$325 Total per player

### AVAILABLE SESSIONS/DATES

#### FALL SESSION I

- Monday 8/29 - Sunday 10/9

#### FALL SESSION II

- Monday 10/10 - Sunday 11/20

#### WINTER SESSION I

- Monday 11/28 - Sunday 1/15 (No classes 12/24, 12/25)

#### WINTER SESSION II

- Monday 1/16 - Sunday 2/26 (No classes after 12pm on 2/5)

#### SPRING SESSION I

- Monday 3/6 - Sunday 4/16 (No classes on Sun. 4/16 for Easter)

#### SPRING SESSION II

- Monday 4/17 - Sunday 5/28

Have a group of 4? Register together and you can pick any day and time during our regular business hours. To register your group, please call 636.272.1015 or send an email to [info@thehittingzonestl.com](mailto:info@thehittingzonestl.com).



## 6-WEEK TRAINING PROGRAM

Send completed form with check to The Hitting Zone, 1496 Hoff Industrial Dr., O'Fallon, MO 63366. Please make checks payable to The Hitting Zone.

Player Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Parent/Guardian Printed Name & Signature \_\_\_\_\_

I hereby authorize the instructors at The Hitting Zone to act for me according to his/her best judgement in an emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in this program. I will be responsible for any medical or any other charges in connection with his/her participation in this program. I agree to abide by the rules and regulations of the camp.

Program:  Private     Base    Session:  Fall I     Fall II    Skill(s):  Hitting     Pitching    Day/Time Preferences:  
 Semi-Private     Pick 2     Winter I     Winter II     Infield     Catching    1st choice \_\_\_\_\_  
 Group     Spring I     Spring II    2nd choice \_\_\_\_\_  
3rd choice \_\_\_\_\_